| 9 ∞ . | mol | (-1 | 1) | | | | | | | |
|------------------------------|-----|------|----------|--|--|--|--|--|--|--|
| 1 | (4) | (17) | <i>y</i> | | | | | | | |
| Application or Docket Number | | | | | | | | | | |

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/583 375

| , | | OL AUNIC AC | EU ED DA | DTI | ~~ | | 1000 | | | |
|--|---|---------------------------------|--------------------------------------|----------------------------------|--------------------|-------------------|------------------------|--|----------------|------------------------|
| , | | (Co | S FILED - PART I column 1) (Colum | | | SMALL E TYPE [| 78.77527 | OR | OTHER SMALL E | |
| FO | R | NUMBER | FILED | NUMBER E | XTRA | RATE | FEE | | RATE | FEE |
| BAS | SIC FEE | | | | | | 345.00 | OR | | 690.00 |
| то | TAL CLAIMS | (0) | minus 20= | * | | X\$ 9= | | OR | X\$18= | |
| IND | EPENDENT CLA | ims 2 | minus 3 = | • | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | +130= | | OR | +260= | , | |
| * If | the difference in | olumn;2 | TOTAL | | OR | TOTAL | 690 | | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL E | NTITY | OR | OTHER SMALL | |
| | AL SE | (Column 1) CLAIMS | | HIGHEST | (Column 8) | | ADDI- | | | ADDI- |
| ENT A | | REMAINING AFTER AMENDMENT | *** P | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | TIONAL FEE | | RATE | TIONAL |
| AMENDMENT | Total | 10 | Minus ** | 20 | = 0 | X\$ 9= | | OR | X\$18= | U |
| AME | Independent | · 2. | Minus + | ·· 3 | = 0 | X39= | | OR | X78= | 0 |
| | FIRST PRESEN | HATION OF MU | LIIPLE DEFEN | IDENT CLAIM | Carried Targette | +130= | , | OR | +260= | |
| ľ | | | | | ÷ | TOTAL | 21. <u>22</u> | OR | TOTAL | 0 |
| ADDIT. FEE | | | | | | | | | ADDIT. FEE | |
| - | 2 2 2 2 2 2 2 2 | (Column 1) | isan ar | (Column 2) HIGHEST | (Column 3) | * * | *55. I | j. | | |
| NT B | 1. 100 · 10 | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | . 10 | Minus + | .20 | = | X\$ 9= | | OR | X\$18= | |
| AME | Independent | NTATION OF MU | Minus * | THE STAIN | = | X39= | | OR | X78= | |
| | LINO I PRESE | NIATION OF MIC | DETIFIE DEFE | ADENT CLAIM | | +130= | | OR | +260= | |
| | | | | | | TOTAL | | OR | TOTAL | |
| | • | | | | | ADDIT. FEE | | | ADDIT. FEE | |
| <u> </u> | | (Column 1) CLAIMS | S 35 3 | (Column 2) HIGHEST | (Column 3) | | | í. | | |
| ENTC | 100 mg 1 | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | | Minus • | · | = | X\$ 9= | | OR | X\$18= | |
| ME | Independent | • | 4 | *** | = | X39= | | OR | X78= | |
| | FIRST PRESE | NTATION OF M | JLTIPLE DEPE | NDENT CLAIM | 1 | | | Un | <u> </u> | |
| | • | | · · · · · · | | * . | +130= | | OR | +260= | |
| * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FF | | | | | TOTAL ADDIT FEE | · | OR | TOTAL ADDIT. FEE | | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |